

County: Washburn
SPOONER HEALTH SYSTEM
819 ASH STREET

Facility ID: 2330

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SPOONER 54801 Phone: (715) 635-2111
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? Yes
Number of Beds Set Up and Staffed (12/31/03): 90
Total Licensed Bed Capacity (12/31/03): 90
Number of Residents on 12/31/03: 86

Ownership: Non-Profit Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? No
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 78

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	Yes	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		31.4
Supp. Home Care-Personal Care	No					1 - 4 Years		39.5
Supp. Home Care-Household Services	No	Developmental Disabilities	1.2	Under 65	3.5	More Than 4 Years		16.3
Day Services	No	Mental Illness (Org./Psy)	46.5	65 - 74	3.5			----
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	33.7			87.2
Adult Day Care	No	Alcohol & Other Drug Abuse	1.2	85 - 94	50.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	9.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	7.0		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	12.8	65 & Over	96.5	-----		
Transportation	Yes	Cerebrovascular	14.0	-----	-----	RNs		9.7
Referral Service	No	Diabetes	2.3	Gender	%	LPNs		7.5
Other Services	No	Respiratory	4.7	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	10.5	Male	31.4	Aides, & Orderlies		
Mentally Ill	No		-----	Female	68.6			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	0	0.0	0	49	79.0	115	3	75.0	127	13	65.0	127	0	0.0	0	0	0.0	65	75.6
Intermediate	---	---	---	13	21.0	97	1	25.0	106	7	35.0	106	0	0.0	0	0	0.0	21	24.4
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	0	0.0		62	100.0		4	100.0		20	100.0		0	0.0		0	0.0	86	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/No Home Health	18.0	Bathing	0.0	96.5	3.5	86
Private Home/With Home Health	11.5	Dressing	8.1	86.0	5.8	86
Other Nursing Homes	9.8	Transferring	40.7	48.8	10.5	86
Acute Care Hospitals	54.1	Toilet Use	26.7	65.1	8.1	86
Psych. Hosp.-MR/DD Facilities	0.0	Eating	79.1	19.8	1.2	86
Rehabilitation Hospitals	0.0	*****				
Other Locations	6.6					
Total Number of Admissions	61	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	0.0	Receiving Respiratory Care		12.8
Private Home/No Home Health	14.3	Occ/Freq. Incontinent of Bladder	37.2	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	15.9	Occ/Freq. Incontinent of Bowel	16.3	Receiving Suctioning		0.0
Other Nursing Homes	3.2			Receiving Ostomy Care		0.0
Acute Care Hospitals	0.0	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	7.0	Receiving Mechanically Altered Diets		16.3
Rehabilitation Hospitals	0.0			Other Resident Characteristics		
Other Locations	1.6	Skin Care		Have Advance Directives		74.4
Deaths	65.1	With Pressure Sores	3.5	Medications		
Total Number of Discharges		With Rashes	14.0	Receiving Psychoactive Drugs		62.8
(Including Deaths)	63					

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities					

	This Facility	Other Hospital-Based Facilities	All Facilities		
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	86.7	90.1	0.96	87.4	0.99
Current Residents from In-County	88.4	83.8	1.05	76.7	1.15
Admissions from In-County, Still Residing	54.1	14.2	3.82	19.6	2.75
Admissions/Average Daily Census	78.2	229.5	0.34	141.3	0.55
Discharges/Average Daily Census	80.8	229.2	0.35	142.5	0.57
Discharges To Private Residence/Average Daily Census	24.4	124.8	0.20	61.6	0.40
Residents Receiving Skilled Care	75.6	92.5	0.82	88.1	0.86
Residents Aged 65 and Older	96.5	91.8	1.05	87.8	1.10
Title 19 (Medicaid) Funded Residents	72.1	64.4	1.12	65.9	1.09
Private Pay Funded Residents	23.3	22.4	1.04	21.0	1.11
Developmentally Disabled Residents	1.2	1.2	0.98	6.5	0.18
Mentally Ill Residents	46.5	32.9	1.41	33.6	1.38
General Medical Service Residents	10.5	22.9	0.46	20.6	0.51
Impaired ADL (Mean)*	37.7	48.6	0.77	49.4	0.76
Psychological Problems	62.8	55.4	1.13	57.4	1.09
Nursing Care Required (Mean)*	5.8	7.0	0.83	7.3	0.79